

P06000025095

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐

PICK-UP

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WAIT

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MAIL

(Business Entity Name)

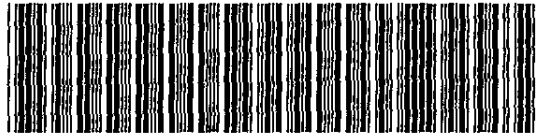
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SECRETARY OF STATE
TALLAHASSEE, FLORIDA

COVER LETTER

Department of State
Division of Corporations
P. O. Box 6327
Tallahassee, FL 32314

SUBJECT: WILKES DISTRIBUTING, INC.

(PROPOSED CORPORATE NAME - MUST INCLUDE SUFFIX)

Enclosed are an original and one (1) copy of the articles of incorporation and a check for:

☒ \$70.00 ☐ \$78.75
Filing Fee Filing Fee
 & Certificate of Status

☐ \$78.75 ☐ \$87.50
Filing Fee Filing Fee,
& Certified Copy Certified Copy
 & Certificate of
 Status

ADDITIONAL COPY REQUIRED

FROM: **EDWARD J. WILKES, PRES.**

Name (Printed or typed)

BOX # 4595

Address

WINTER PARK, FL 32793

City, State & Zip

407-927-2114

Daytime Telephone number

NOTE: Please provide the original and one copy of the articles.

ARTICLES OF INCORPORATION

In compliance with Chapter 607 and/or Chapter 621, F.S. (Profit)

ARTICLE I NAME

The name of the corporation shall be:

WILKES DISTRIBUTING, INC.

ARTICLE II PRINCIPAL OFFICE

The principal place of business/mailing address is:

6235 SHORELINE DR.
PORT ORANGE, FL 32127

ARTICLE III PURPOSE

The purpose for which the corporation is organized is:

TO DISTRIBUTE & SELL PACKAGED FOOD PRODUCTS TO RETAIL STORES.

ARTICLE IV SHARES

The number of shares of stock is:

100 SHARES

ARTICLE V INITIAL OFFICERS AND/OR DIRECTORS

List name(s), address(es) and specific title(s):

EDWARD J. WILKES, PRES
BOX #4595,
WINTER PARK, FL 32793

ARTICLE VI REGISTERED AGENT

The name and Florida street address (P.O. Box NOT acceptable) of the registered agent is:

EDWARD J. WILKES, PRES.
6235 SHORELINE DR.
PORT ORANGE, FL 32127

ARTICLE VII INCORPORATOR

The name and address of the Incorporator is:

EDWARD J. WILKES, PRES.
BOX #4595,
WINTER PARK, FL 32793

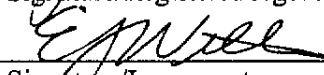
Having been named as registered agent to accept service of process for the above stated corporation at the place designated in this certificate, I am familiar with and accept the appointment as registered agent and agree to act in this capacity



Signature/Registered Agent

2-9-06

Date



Signature/Incorporator

2-9-06

Date

FILED

06 FEB 16 PM 3:01

SECRETARY OF STATE
TALLAHASSEE, FLORIDA